

FILED JUL 15 1943

No. 2
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17-39
X21492DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **21789**
Registrar's No. **520**Registration District No. **316**Primary Registration District No. **5439**

1. PLACE OF DEATH:

- (a) County **GREENE** *N. Campbell, Ill. Ind.*
 (b) City or town **Springfield**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R# 6
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME **DAVID S. ROGERS.**3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**6. (b) Name of husband or wife **Sadie S. Rogers** 6. (c) Age of husband or wife if alive **60** years7. Birth date of deceased **July 24 1862**
(Month) (Day) (Year)8. AGE: Years **1 77** Months **10** Days **21** If less than one day _____ hr. _____ min.9. Birthplace **Dallas Co. Mo.**
(City, town, or county) (State or foreign country)10. Usual occupation **Retired Groceries Salesman**11. Industry or business **the Famous Brooms**12. Name **David S. Rogers**13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)14. Maiden name **Sarah A. Fletcher**15. Birthplace **Unknown Mo.**
(City, town, or county) (State or foreign country)16. (a) Informant **Sadie S. Rogers**(b) Address **Springfield Mo. R# 6**17. (a) **Durial** (b) Date thereof **June 16 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Mc Gee Chapel**18. (a) Signature of funeral director **W. H. Hinguel**(b) Address **Springfield Mo.**19. (a) **June 15 1940** (b) **W. E. Sandley Md.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Mo.** (b) County **Greene**
 (c) City or town **Springfield Mo.**
 (If outside city or town limits, write "RURAL")
R# 6
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15**
year **1940** hour **11** minute **30 A. M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him **in dead** alive on **June 15**, 19**40**;

and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**Due to **Myocarditis Chronic**
Atherosclerosis

Due to _____

Other conditions **Blindness**
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
984
While at work? _____ (Specify type of place)
(a) Means of injury _____23. Signature **R. Med. White** (M. D. or other) **h**
Address **Cowles Grove County** Date signed **6/16/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *William Max Rhoads*

Licensed Embalmer No. *4071*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

X